



## Congressman Chris Stewart, District 2

### Consent for Release of Personal Records

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_  
☐ Home ☐ Cell ☐ Work

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Case, File or Registration Number: \_\_\_\_\_

Type of issue and agency you are working with: \_\_\_\_\_

Are you working with another Congressperson/Senator? ☐ Yes ☐ No Who: \_\_\_\_\_

Are you working with legal counsel? ☐ Yes ☐ No Who: \_\_\_\_\_

Do you have any pending issues with the IRS? ☐ Yes ☐ No

Have you been charged with any crimes? ☐ Yes ☐ No

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*I understand that by requesting assistance of Congressman Stewart and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Stewart or his staff may result in the discontinuance of assistance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form to:**

Congressman Chris Stewart 585 West 500 South #230 Bountiful UT 84010 | Fax: 801 364 5551

*It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another paper. In addition, if you answered yes to any of the questions on the previous page, please provide a detailed explanation.*

### Summary of Problem:

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**Please return form to:**

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